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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/817,612
Filing Date	04/02/2004
First Named Inventor	Laghi, Aldo A.
Art Unit	1714
Examiner Name	Not assigned
Attorney Docket Number	48771/24133

### ENCLOSURES (Check all that apply)

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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Carlton Fields, P.A.		
Signature			
Printed name	C. Douglas McDonald		
Date	06/03/05	Reg. No.	26,659

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

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Filing Date	04/02/2004
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Art Unit	1714
Examiner Name	Not assigned
Attorney Docket Number	48771/24133

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Aldo A. Laghi, President of Alps South Corporation (Assignee)				
Date	5/26/05	Telephone	(727) 528-8566		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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